1394305

FORM D

UNITED STATES
SYNURITES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

4	OMB APPROVAL 3235-0076
	07047968
	DATE RECEIVED
.T	1 1 1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	4 ()
\$120,000 Convertible Promissory Notes	***
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE WEST STATE STATE
Type of Filing: New Filing Amendment	
	1 1 1 5 5 5 mm7
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Sec. 1
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	2
Dunbar Holdings, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1331 James Road, Weybridge, VT 05753	(802) 545-2041
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
,	
Brief Description of Business	
Web-based community and e-commerce	(2) =-
	PROCECCE
Type of Business Organization	
corporation limited partnership, already formed other (please specify):
business trust limited partnership, to be formed	MAR 2 6 2007
Month Year	
	mated e- THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	EINIANIOLA
CN for Canada; FN for other foreign jurisdiction)	DIE LIVAINCIAE

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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	nformation re										ass of equity securities of the issuer. Hership issuers; and General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner General and/or Managing Partner
	-				is been organized wi						General and/or Managing Partner
						corpo	rate general and man	agıng	partners of	partne	rship issuers; and
• Each	general and n	nanagi	ng partner o	f partr	nership issuers.						
Check Box(es) t	hat Apply:	Ø	Promoter	Z	Beneficial Owner	V	Executive Officer	Z	Director		
Full Name (Last Lincoln, Krista	•	f indiv	ridual)								· · · · · · · · · · · · · · · · · · ·
					, City, State, Zip Co Weybridge, VT 0						
Check Box(es) t	hat Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Last	name first,	if indiv	vidual)								
Business or Res	idence Addre	ess (1	Number and	Street	, City, State, Zip Co	de)					
Check Box(cs) t	hat Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Last	name first,	if indi	vidual)								
Business or Res	idence Addre	ess (Number and	Street	I, City, State, Zip Co	ode)				,	
Check Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Las	t name first,	if indi	vidual)						·		
Business or Res	idence Addr	ess (Number and	Stree	t, City, State, Zip Co	ode)					
Check Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Las	t name first,	if indi	vidual)						-		
Business or Res	sidence Addr	ess (Number and	Stree	t, City, State, Zip C	ode)					
Check Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Las	t name first,	if indi	vidual)								
Business or Res	sidence Addr	ess (Number and	l Stree	t, City, State, Zip C	ode)					
Check Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Las	t name first,	if indi	ividual)				.	· · · · · · · ·			
Business or Res	sidence Addr	ess	(Number and	Stree	t, City, State, Zip C	ode)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	2.5			3.: IN	DRMATIC	ON ABOUT	ÖFFERIN	ig 🔭 📜				
1. Has the	issuer sold	or does the			 l, to non-ac Appendix,					••••••	Yes	No E
2. What is	the minim	ım investm			• •		-				\$	
2 5 4	CC. tu		t.	. 6:1							Yes	No
	e offering p										K	
commis If a pers or state a broke	ssion or simi son to be list s, list the na r or dcaler,	lar remuner ed is an asse me of the br you may se	ation for so ociated per oker or dea of forth the	olicitation son or age aler. If mo	of purchase nt of a broke re than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	sales of sec with the Sl ed are assoc	urities in th EC and/or v	ie offering. with a state		
Full Name (Last name f	irst, if indi	vidual)									
Business or	Residence .	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Name of As	sociated Br	oker or Dea	ıler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers					•	
(Check	"All States	" or check	individual	States)			***************************************		***************************************	***************************************		States
AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL (Variety)	IN	IA	(XXX)	ΚŸ	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name	(Last name	first, if indi	vidual)							<u></u>		
Business o	r Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	ssociated Br	oker or De	aler									
States in W												
(Check	"All States	or check	individual	States)	••••••	• • • • • • • • • • • • • • • • • • • •	***************************************			***************************************	☐ Al	l States
AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL MT	NE	IA NV	KS [NH]	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC]	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)					<u> </u>				1
Business o	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									
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	hich Persoi k "All State										∆ 1	1 States
· 												
[AL]	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS	ID MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	WY	PR

C. OFFERING PRICE: CUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price	:e	Amount Already Sold
		_		
	Debt	-		\$
	Equity	\$		\$
	Common Preferred			0.00
	Convertible Securities (including warrants)	<u>\$_120,000.0</u>	0	\$
	Partnership Interests	\$		\$
	Other (Specify)	s		\$
	Total	\$_120,000.0	0	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Aggregate Dollar Amount of Purchases
	Accredited Investors	0		\$_0.00
	Non-accredited Investors			s
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A			\$
	Rule 504			\$
	Total			<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	*******		\$
	Legal Fees			\$ 5,000.00
	Accounting Fees		\Box	\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			\$ 5,000.00
				-

	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	-Question 4.a. This difference is the "	adjusted gross	\$115,000.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to	r any purpose is not known, furnish an al of the payments listed must equal the a	estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			<u> 20.00</u>
	Purchase of real estate			<u>√</u> \$ <u>0.00</u>
	Purchase, rental or leasing and installation of and equipment	machinery	\$ 0.00	<u> </u>
	Construction or leasing of plant buildings and		\$ 1,900.00	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		_ \$\ \(\sigma \)
	Repayment of indebtedness		<u>2</u> \$ <u>0.00</u>	_ \$_0.00
	Working capital			
	Other (specify):		 \$ _0.00	_ \$_0.00
			\$ 0.00	Z \$ 0.00
	Column Totals			_ [7] \$_43,000.00
	Total Payments Listed (column totals added)			115,000.00
_		D. FEDERAL SIGNATURE.		**************************************
si į	te issuer has duly caused this notice to be signed by gnature constitutes an undertaking by the issuer to e information furnished by the issuer to any non-	y the undersigned duly authorized perso of furnish to the U.S. Securities and Exc accredited investor pursuant to paragr	n. If this notice is filed under R hange Commission, upon writt	ule 505, the followi en request of its sta
	sucr (Print or Type) unbar Holdings, Inc.	Signature M. C. m.	Date March 12, 200	7
N	ame of Signer (Print or Type)	Tide of Signer (Print or Type)		
< <	sta C. Lincoln	President		

---- ATTENTION ----

